Why Focus on Tobacco?
United States

- Cigarette Smoking is the single most preventable cause of premature death in the United States
- Responsible for 430,000 deaths annually
- U. S. Costs attributable to Smoking in 1993
  - Estimated $50 billion for medical care
  - Estimated $47 billon from lost productivity and forfeited earnings due to disability

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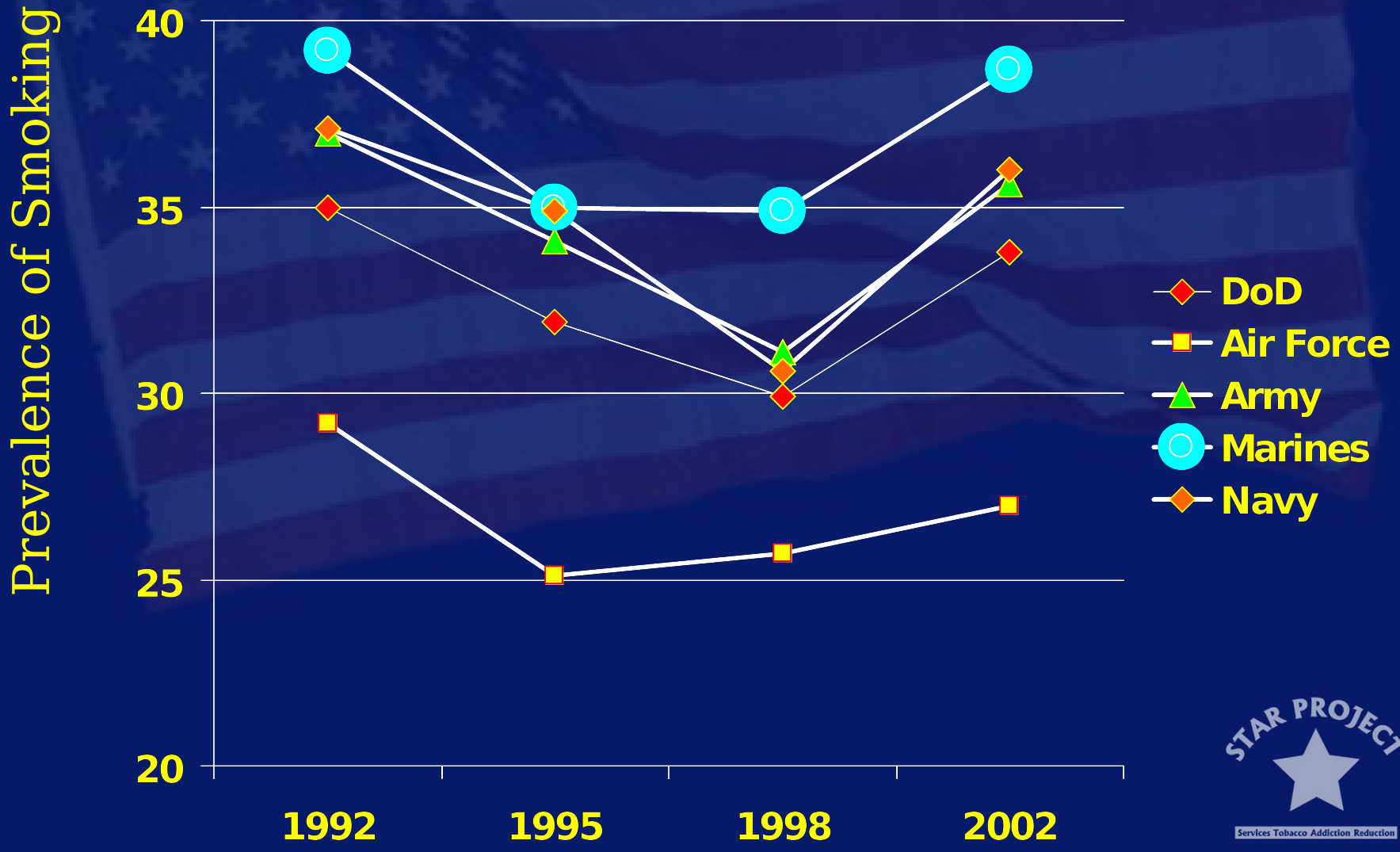
Tobacco Use Is Increasing:

DoD World Wide Survey of Health Related Behaviors



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Why Tobacco Cessation? Department of Defense

- **DOD Costs attributable to Smoking 1995**
  - **Estimated $584 million for medical care**
  - **Estimated $346 million for productivity loss**
- **Smoking has adverse effects in the short term, even in a young AD population**
  - **Over $100 million/year in economic costs in AF alone**
  - **Equivalent of 1 USAF base or small Army post worth of work "up in smoke" every year (3,573 lost FTEs)**
- **Strongly supports current DoD efforts to decrease tobacco use in military members**

MMWR. (May 2000). Cost of smoking among active duty U.S. Air Force Personnel – United States, 1997, 49(20).

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Tobacco and Readiness

- **Smoking is one of the best predictors of military training failure.**
  - **Klesges, R.C., Haddock, C.K., Chang, C.F., Talcott, G.W., & Lando, H.A. (2001). The association of smoking and the cost of military training. *Tobacco Control*, *10*, 43-47.**
- **Smoking among young troops is associated with significant increased hospitalization and lost workdays. Sick and hospitalized troops are not ready for duty.**
  - **Robbins, A.S., Fonseca, V.P., Chao, S.Y., Coil, G.A., Bell, N.S., & Amoroso, P.J. (2000). Short term effects of cigarette smoking on hospitalization and associated lost workdays in a young, healthy population. *Tobacco Control*, 9, 389-396.**
  - **CDC (2000). Cost of smoking among active duty U.S. Air Force Personnel – United States. *MMWR*, 49 (20).**

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Tobacco and Readiness

- **Smokers are more likely to perform poorly on military fitness evaluations.**
  - Conway, T.L., & Cronan, T.A. (1992). Smoking, exercise, and physical fitness. *Preventive Medicine*, 21, 723-732.
  - Jensen, R.G. (1986). The effect of cigarette smoking on Army Physical Readiness Test performance of enlisted Army medical department personnel. *Military Medicine*, 151, 83-85.
- **Smokers are more likely to sustain injuries, particularly musculoskeletal injuries.**
  - Knapik, J.J., Canham-Chervack, M., Hauret, K., Patton, J.F., & Jones, B.H. (2001). Risk factors for training-related injuries among men and women in basic combat training. *Medicine & Science in Sports and Exercise*, *33*, 946-954.
  - Altarac, M., Gardner, J.W., Popovich, R.M., Potter, R., Knapik, J.J., & Jones, B.H. (2000). Cigarette smoking and exercise-related injuries among young men and women. *American Journal of Preventive Medicine*, *18*, 96-102.

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Tobacco and Readiness

- **Smoking is a strong marker for other causes of low readiness, such as alcohol abuse, low physical activity, and illicit drug use.**
  - **Haddock, C.K., Klesges, R.C., Talcott, G.W., Lando, H., & Stein, R.J. (1998). Smoking prevalence and risk factors for smoking in a population of United States Air Force basic trainees. *Tobacco Control*, *7*, 232-235.**
  - **Kao, T.C., Schneider, S.J., & Hoffman, K.J. (2000). Co-Occurrence of alcohol, smokeless tobacco, cigarette, and illicit drug use by lower ranking military personnel. *Addictive Behaviors*, *25*, 253-262.**
- **Note: A much larger literature exists on smoking and readiness-related factors in civilian populations (e.g., physical activity, physical fitness, lost work time, etc).**

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Cost of Smoking to Young Troops

- **Cost per pack = $3.65**
- **Cost of smoking one pack per day:**
  - **$109.50 per month**
  - **$1,332.25 per year**
- **Basic Monthly Pay (1 Jan 2004)**
  - **E-1 < 4 months = $1,104.00**
  - **E-4 > 6 years = $1,891.50**
- Lose 1 month pay

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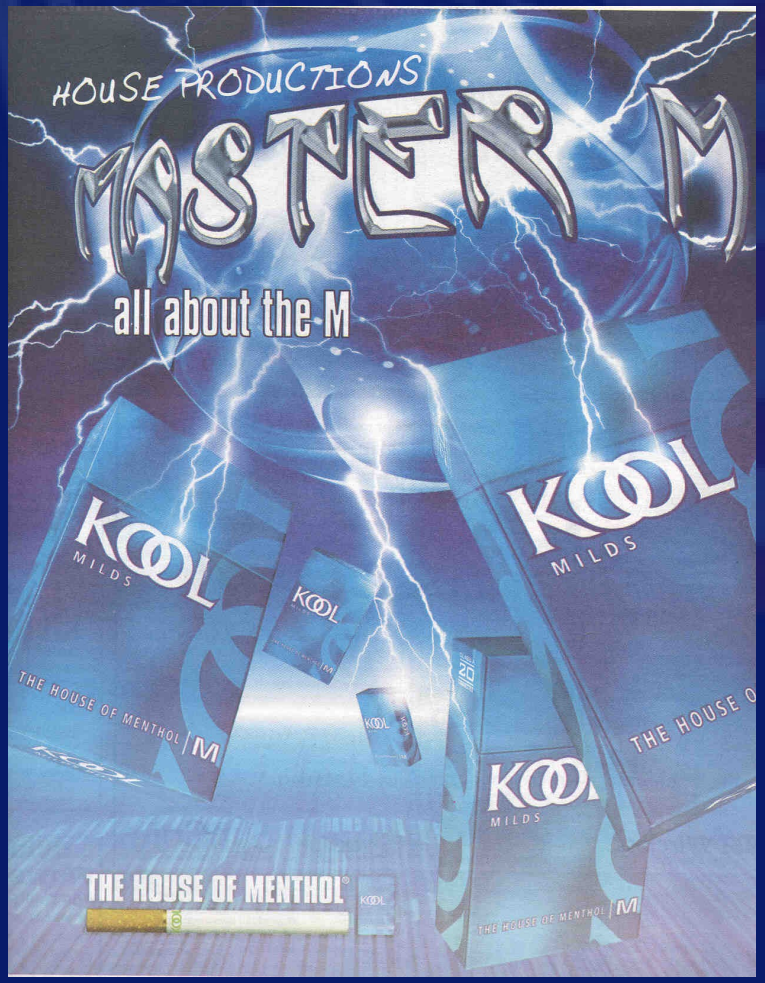
Tobacco Industry Ads in Military Installation Newspapers

Army, Navy, and Marine Papers Advertise Tobacco



Ad in 2003 Army Installation Newspaper

Examination of 793 Installation Newspapers (2001 – 2004)

Air Force (4 Installations)

*Number of Papers Reviewed: 202

*Number of Papers with Ads: 0

Navy (4 Installations)

*Number of Papers Reviewed: 192

*Number with Ads: 31

*Percent with Ads: 16.1%

Marines (2 Installations)

*Number of Papers Reviewed: 102

*Number with Ads: 10

*Percent with Ads: 9.8%

Army (6 Installations)

*Number of Papers Reviewed: 297

*Number with Ads: 32

*Percent with Ads: 10.4%

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5 Reasons Why Increasing Tobacco Capacity is Important

1. Tobacco is detrimental to military readiness
2. Tobacco negatively impacts a service members finances
3. Tobacco negatively impacts the health of service members
4. Quitting is very hard for most people
5. It’s the right thing to do

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My Ideal of a Tobacco Free Installation Culture

- There would be visible command support
- There would be a consistent tobacco-free message throughout the installation
- Health care professionals, supervisors, and community leaders would be well trained to intervene on tobacco
- A variety of empirically supported treatments would be easily available
- Pharmacotherapy would be readily available
- Barriers to treatment and social support would be eliminated
- There would be a special effort to reach junior enlisted

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Possible “Signs” of Visible Support

- Brief messages at commander’s calls
- Articles in installation paper
- Commission tobacco policy working group
- Letters to base personnel
- Support comprehensive tobacco control plan

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Ideas for Saturating the Environment with Consistent Messages

- **Posters around the base**
  - You can get these for free from CDC, ACS, etc.
  - Rotate the posters
  - Strategically place posters
- **Get articles in installation newspapers**
  - Tobacco articles get shorted compared to other problems, such as alcohol
  - There is some resistance from papers – “newsy” articles help
- **Insert 1 or 2 tobacco slides in routine base briefings**
  - New comers
  - Financial
  - EEO
- **Run videos in waiting areas**
  - The DoD/VA Toolkit videos
  - Lots for free or inexpensive videos out there

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What Everyone Should Do

- Receive Training on Brief Interventions
- Stock Clinics with Education and Clinical Materials
- Create a Smoke-Free Environment in Work Setting
- Learn to Do Brief (< 3 minute) Interventions
- Do Brief Follow-ups
- Learn to Refer to Intensive Programs (most referrals are ineffective)

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My List of Barriers

- Limited Treatment Options
- Limited Treatment Scheduling
- Group Format (rank, social status, anxiety, etc)
- Supervisor Attitudes
- Lack of Social Support from Colleagues
- Operations Tempo
- Too Many Cues to Smoke on Installation
- Too Few Immediate Rewards for Quitting

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